WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT AND CONSENT TO MEDICAL TREATMENT

I, _____ *[name of adult]*, certify that I am above the age of 18 years old. As consideration for me being allowed access to real property owned by RIVER RANCH PROPERTY OWNERS' ASSOCIATION, INC., a Florida non-profit corporation (hereinafter referred to as "RRPOA") and/or participate in activities offered by RRPOA, I agree to release, waive, discharge and covenant not to sue RRPOA along with its officers, directors, members, agents, servants or employees (collectively referred to herein as "Releasees," and each may be referred to as a "Releasee") from any and all liabilities, claims, demands, or causes of action that may arise from or be related to any loss, damage, or injury, including death, that may be sustained by me or my personal property while I am participating in activities conducted, authorized, organized, supported, or promoted by Releasee or while I am in River Ranch Acres.

To the best of my knowledge, I am in good physical condition and I have no knowledge of any physical condition, injury, or illness whatsoever which would place me at risk to access RRPOA real property, River Ranch Acres, or participate in any Releasee activities. I am fully aware of the risks connected with participating in hunting, recreational, and any other activities in River Ranch Acres or being present in River Ranch Acres where hunting, recreational, and many other activities may be taking place by members of RRPOA or other third parties, who may not be a member of RRPOA. I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, that I may sustain as a result of participating in any activities conducted, authorized, organized, supported, or promoted by Releasee or which may take place in River Ranch Acres, however caused. I further agree to indemnify and hold harmless the Releasee from any loss, liability, damage or cost, including court costs and attorneys' fees, that may accrue related to my participation in any Releasee activities or any activities in River Ranch Acres, however caused.

I certify that I am not engaged in any joint venture or joint enterprise with any Releasee, including, but not limited to RRPOA. While present in River Ranch Acres, I will fully comply with all local, state, and federal laws, regulations, advisories, guidelines, and ordinances. While present in River Ranch Acres, I will fully comply with all RRPOA rules, regulations, advisories, and guidelines.

While I am present in River Ranch Acres and/or participating in any activities conducted, authorized, organized, supported, or promoted by Releasee, I give permission for any Releasee to administer appropriate medical attention to me in the event of any accident, illness, or injury. I will be responsible for any and all costs of medical care and treatment that may be provided, except for care and treatment covered by my insurance. I agree that Releasee has no duty to administer any medical attention to me in the event of any accident, illness, or injury. This instrument shall be binding upon the members of my family, my spouse, and my heirs, assigns and personal representatives. This instrument shall be governed by the laws of the State of Florida.

I certify that I have read and fully understand the above waiver and consent form. I certify that I am signing this form freely and voluntarily and that I understand that by signing this form I am giving up substantial rights. I certify that all blanks or statements requiring insertion or completion were filled in before I signed.

Dated: _____

_____
[Signature of adult]

Print Name: _____
Mailing Address: _____
_____
_____

Telephone Number: _____

Executed above in the presence of:

_____
[Witness Signature]
Print Name: _____